PATIENT CENTERED MEDICAL HOME

Getting Started with Maryland's Patient Centered Medical Home Program

Outreach Symposium

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MARYLAND HEALTH CARE COMMISSION

MARYLAND

Goals For the Program

To test the Patient Centered Medical Home model in qualified primary care practices to determine if this model provides higher quality and more efficient care for Maryland residents and leads to higher satisfaction for patients, nurse practitioners, and primary care physicians .

A robust evaluation is planned:

- Improve quality and coordination of care,
- Improve clinical care processes,
- Reduce health care costs (trends),
- Improve engagement and experience for patients and the health care team,
- Reduce health disparities, and
- Assess the adequacy of the elevated payment formula.

Why Should I Consider the Program?

- PCMH is an exciting new way to practice primary care that's gaining traction throughout the country.
- Innovative practices across the country are tackling the challenge of introducing new programs in a difficult economic environment.
- The model is associated with increased provider and patient satisfaction.
- The model has been shown to reduce the total costs of care for a diverse populations, commercial managed care in Washington state, Medicaid population in North Carolina, and largely commercially insured populations in Pennsylvania.
- Participating in the PCMH Pilot will position a practice to take advantage of the incentives under Health Reform.

Criteria for Selection Of Practices

- Practices are committed to the principles of the PCMH model.
- Practices reflect the diversity of PCP practices, including the following characteristics:
  - Geographic location;
  - Practice size;
  - Practice ownership (e.g., privately-owned, hospital-owned, FQHC);
  - Populations served (commercially insured, Medicaid, Medicare Advantage);
  - Diversity of patient and provider population.
- Ability to submit and achieve NCQA PPC-PCMH Level 1 or better recognition.
- Practices that provide opportunities for linking the Maryland PCMH program with other initiatives – e.g., participation in the following:
  - An established track record of using community-based services;
  - Practices with a demonstrated commitment to teaching – e.g., serve as teaching sites for medical school or residency teaching programs;
  - Working with employer wellness programs such as the Healthiest Maryland Program.
- Practices in the CMS EHR program can participate, but will not be eligible for Medicare's Advanced Primary Care Practice Demonstration (MAPCP).

Maryland Medical Home Pilot – Key elements

- ✓ Primary care practices – physician and nurse practitioner led pediatric, family practice, internal medical, and geriatric practices.
- ✓ Pilot will last 3 years.
- ✓ Fifty practices, 200 providers, and at least 200,000 patients will be enrolled in the pilot. Prime objective is 200,000 patients.
- ✓ Maryland will seek to engage insured and self-insured employers in the program.
- ✓ Community Heath Resources Commission grant will support a learning collaborative for participating practices.
- ✓ Patients will be attributed to practices based on where the patient has sought primary care in the last 2 years.
- ✓ Practices must apply for NCQA PPC-PCMH within 6 months of start of program.
- ✓ Practices will receive ***Fixed Payment + Incentive Payment*** (must meet performance standards).
- ✓ Fixed payments will be adjusted by payer status, practice size, and NCQA recognition level.
- ✓ Practices must meet quality performance standards to earn 100 percent of the incentive payment.

KEY ELEMENTS

PPC-PCMH is the most widely adopted PCMH recognition tool

www.ncqa.org

Standards (number of must pass elements)

1. Access and Communication (2)
2. Patient Tracking and Registry (2)
3. Care Management (1)
4. Patient Self-Management Support
5. Electronic Prescribing (0)
6. Test Tracking (1)
7. Referral Tracking (1)
8. Performance Reporting and Improvement (2)
9. Advanced Electronic Communication (0)

- Three Levels of Certification based on increasing points earned by meeting standards.
- 30 NCQA elements in total across the nine standards, ten "must pass" elements for Levels II and III; five of ten necessary for Level I.
- For Level I, no priority for which 5 elements are met.
- The meaning of '+' – Maryland will designate some factors in the NCQA elements that are required for each level of recognition.
- "Must pass" factors are highly correlated with cost savings.
  - ✓ 24-7 phone response with clinician for urgent needs
  - ✓ Registry as part of EHR or as stand-alone
  - ✓ Summary of care record for transitions
  - ✓ Advanced access for appointments

12 Maryland practices and about 90 physicians have achieved NCQA recognition.

Attribution of Patients – Use the Developing National Standard

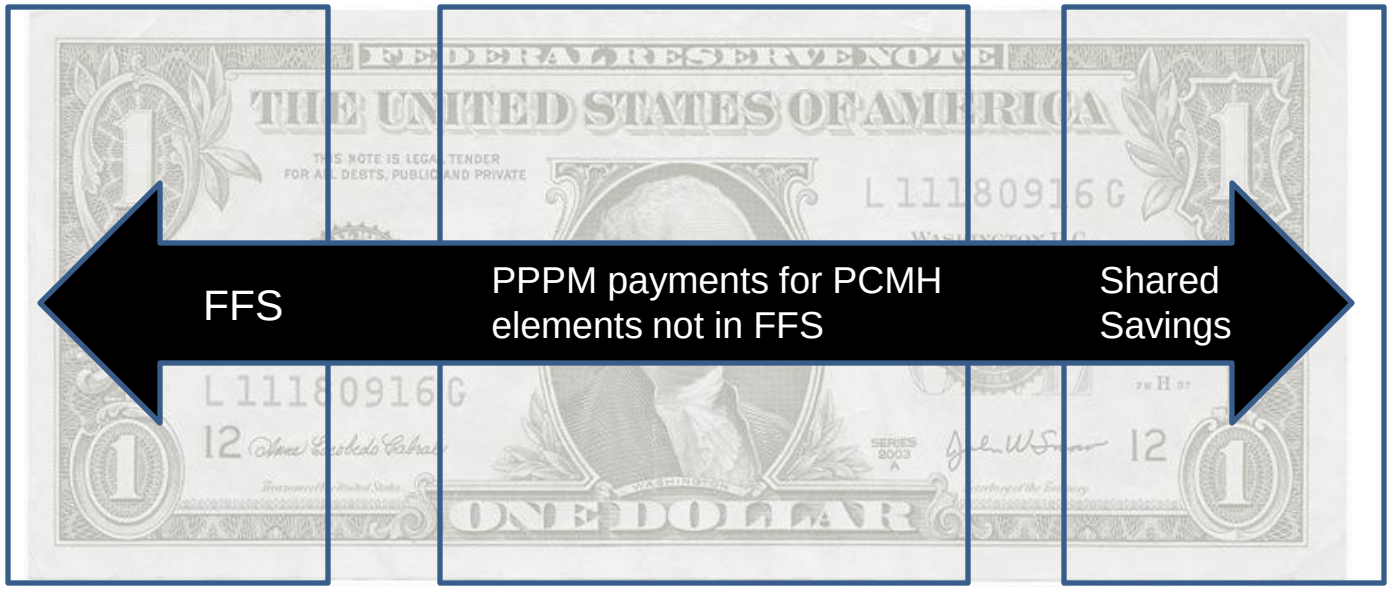
Eligible specialties - provider specialty must be a PCP (Family Practice - FP, General Practice - GP, Internal medicine - IM, pediatrics)

- Goal is to assign patients to the current or the most commonly use primary care provider.
- Assignment is based on the occurrence of Evaluation & Management (E & M) Codes
  - (Office Visit E&M, Office Visit Preventive, Office Consult)
- **Step 1 (most recent 12 months)**
  - Member is assigned to the PCP with the most visits.
  - For ties in the number of visits (to multiple PCPs), assignment is to the PCP with the most recent visit.

- **Step 2 (prior 12 months)**
  - For members NOT aligned for the most recent 12 months (no PCP visit), select services sort by service date.
  - Member is assigned to the PCP with the most recent visit.

- **If patient has not been seen in last 2 years, s/he is not considered in the panel.**

Payment Reform for Primary Care
A Three-Tiered Approach

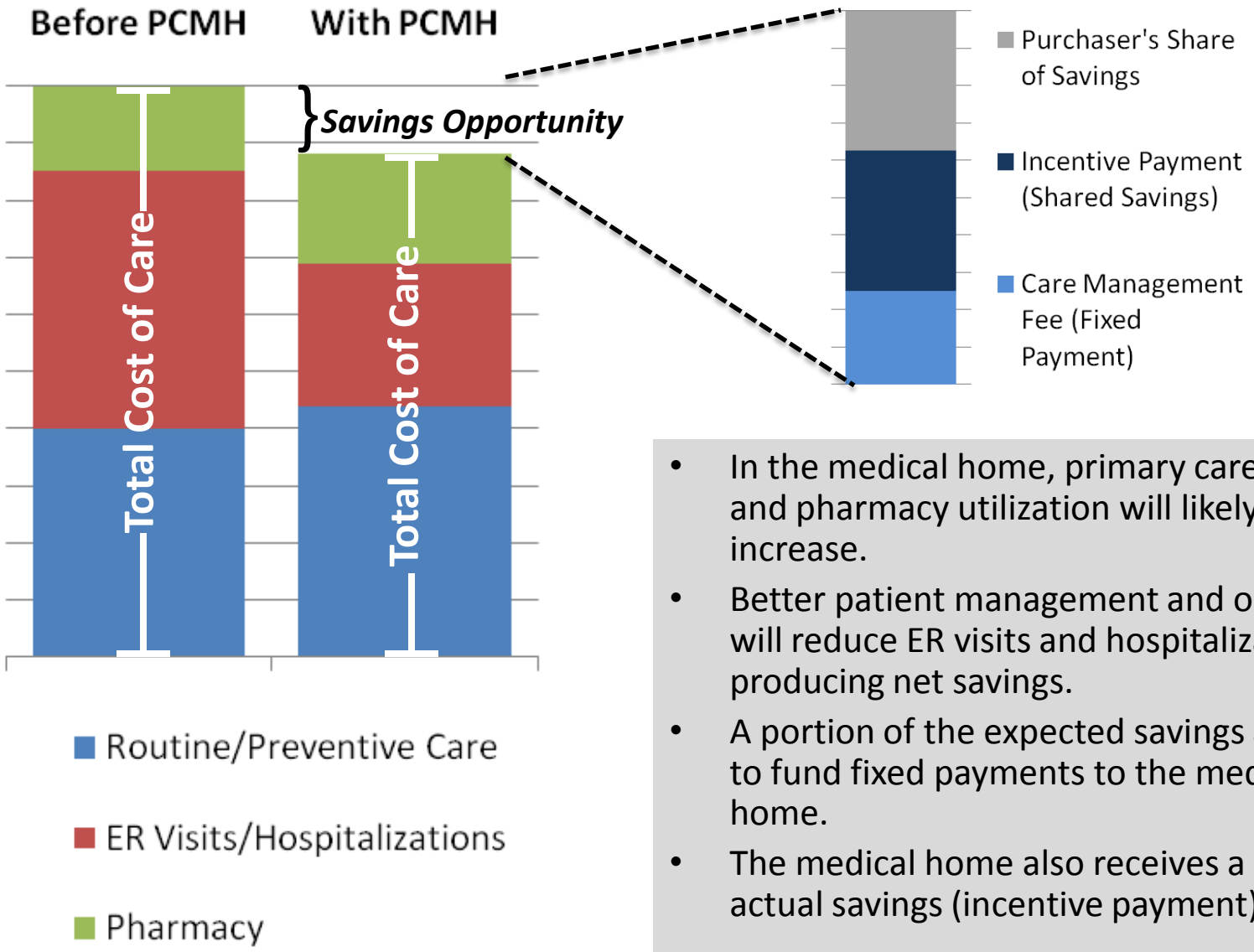


No change, each carrier uses its own system, as is done today.

PPPM set by NCQA recognition level, payer category, and practice size. Payments are made in lump sum.

Average savings per patient calculated relative to the practice's historical performance.

PCMH Financial Model



- In the medical home, primary care services and pharmacy utilization will likely increase.
- Better patient management and outcomes will reduce ER visits and hospitalizations, producing net savings.
- A portion of the expected savings are used to fund fixed payments to the medical home.
- The medical home also receives a share of actual savings (incentive payment).

Details of the Payment Methodology

Fixed Payment adjusted by PCMH achievement, category of carrier – private, Medicaid MCO, and Medicare MCO, and practice size.

- Paid prospectively in lump sum.
- Range from approximately $3.00 - $6.00 PPPM for commercially insured populations
- Medicaid payment levels will be higher.

Incentive payment based on achieved total savings by the practice from all care.

- Majority of savings will come from avoided hospitalizations & ED visits.
- Savings calculated separately for commercial (grouped together for all carriers), Medicaid, and Medicare (if CMS participates) patient populations.
- Baseline will be practice's historical experience adjusted for inflation and plan benefit changes.
- Practice's share will be substantial: +50%.

A word about quality reporting

- Meeting Clinical Measure thresholds is a hurdle to achieving shared savings.

- Workgroup recommendations (focus on alignment with other initiatives)
  - Align with existing requirements under CMS PQRIs and ARRA (health IT) “meaningful use” final regulations.
  - Focus on NQF-recognized measures for conditions that are significant cost drivers – diabetes and heart/stroke.
  - Allow practices to use performance measures in treating 3 conditions under PPC-PCMH.
- Payers recommend linking quality benchmarks to measures that carriers use and understand , i.e., MHCC’s Quality Report Card, NCQA’s *Quality Compass*.

- Address ‘patient-centeredness’ via electronic patient surveys.

- Pediatric measures – asthma, required preventive care visits, obesity, scheduled immunizations.

What's next?

http://mhcc.maryland.gov/pcmh/gettingstarted.aspx

- Learn more about PCMH and NCQA Recognition – three organizations offer tools for PCMH transformation.
- Sign-up for the list serve → pcmhpractices@mhcc.state.md.us
- Complete the Expression of Interest form - http://mhcc.maryland.gov/pcmh/documents/Expression_of_Interest.pdf
- Prepare to attend the Maryland-sponsored meetings beginning in July after the last symposium.
  - Meetings will be held late in the afternoon.
  - Geared to addressing the details of the program.
  - Attendance will be available electronically and in-person.
  - We will assist in explaining NCQA requirements.
- Submit an application to participate (application forthcoming).

Implementation

June 2010	Outreach symposia for providers begin.
June 2010	MHCC releases of reward structure and practice performance requirements.
August 31, 2010	Deadline for practices to submit an expression of interest in pilot participation. Providers must notify MHCC if they are interested in participating.
October 8, 2010	Deadline for practices to submit application to participate
October 29, 2010	Selection committee announces participating practices.
Nov. 5, 2010 Nov. 29, 2010	Deadline for carriers to sign participation agreement Deadline for practices to sign participation agreement.
January 4, 2011 January 2011	Launch of practice transformation and learning collaborative. Carriers provide enrollee rosters for attribution.
February 2011	MHCC releases patient attribution results.
March 2011	Private carriers and Medicare begin paying PMPM fixed payments to practices that attest to meeting NCQA criteria.
June 30, 2011	Deadline to submit applications to NCQA's Physician Practice Connections– Patient-Centered Medical Home for recognition.
July 2011	PCMH practices begin receiving payments from Medicaid MCOs.

For questions regarding the PCMH Provider Participation Timeline or other Patient Centered Medical Home issues, please contact our staff by email at pcmhpractices@mhcc.state.md.us